

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

✓ 19124
3300

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Ross Primary Registration District No. _____
 City Kennett Mo. (No. N. E. Hospital) St. _____ Ward _____

2. FULL NAME Edith M E Kee

(a) Residence, No. _____ St. _____ Ward Grandview, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. McKee</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 30, 1874</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>4</u>	<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Samuel R. Barnes</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Anna E. Pitt</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>			
17. INFORMANT <u>R. B. McKee</u> (ADDRESS) <u>1934 E 71st Terracette</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Not known</u> DATE <u>May 24 1937</u>				
19. UNDERTAKER <u>E. K. Brown & Son</u> (ADDRESS) <u>Grandview Mo</u>				
20. FILED <u>5-22-37</u> <u>M. M. Dove</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-21-am, 1937, to 5-21-0pm, 1937
 I last saw h. or alive on 5-21- 1937 Death is said to have occurred on the date stated above, at 7:50 m
 The principal cause of death and related causes of importance were as follows:
Carcinoma involving pelvic organs, the uterus and ovaries, rupture of bowel at ilio cecocol junction.
 Other contributory causes of importance: obstruction of bowel.

Name of operation Colostomy Date of 5-21-37
 What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Dr. Frank E. Hill, M. D.
 (Address) 3600 Harrison

Vol. 2776

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kansas City Primary Registration District No. _____
City Kansas City No. 26 Hospital _____

File No. 19174
Registered No. 2338
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Edith McKeef St. _____ Ward _____
(Usual place of abode) Grandview No. 179 St. _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED JK (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 62

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 5-27- 1937 Dr. Frank E. Hurd Registrar
71-71-60206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ as detailed above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma involving pyloric organs and jejunum
rupture of bowel at abdominal junction
Date of onset _____

Other contributory causes of importance: Primarily intestine; 48

Obstruction of bowel

Name of operation Colectomy Date of 5-21-37

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Frank E. Hurd, M. D.

(Signed) _____

(Address) 3600 Harrison

S-19124